

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	20/03/2018 17:31
Date Of Accident	19/03/2018 17:40
Exact Location Of Accident	BKE TOWARDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8771K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEW SHENG FURNITURE
Co Reg No	53001100W
Email Address	YEWSENGFURNITURE@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62647643

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1805781
Cover Note Number	

### Driver

Name of Driver	SOH KIM SENG
Passport No/FIN	F0255953Q
Date Of Birth	24/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97991488
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 117 PENDING ROAD #01-214
Postcode	670117
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 51 TELOK BLANGAH DRIVE , <b>POSTCODE:</b> 100051 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2729999 - <b>FAX NO:</b> 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH8941R
Vehicle Make/Model/Colour	KAWASAKI Z1000SX M GREEN
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AKMAL SHAFIQ BIN MAJID

NRIC/Passport Number	S9039360Z
Contact Number	96158664
Address	BLK 354 WOODLANDS AVE 1 #02-771
Postcode	730354
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	AKMAL SHAFIQ BIN MAJID
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FBH8941R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

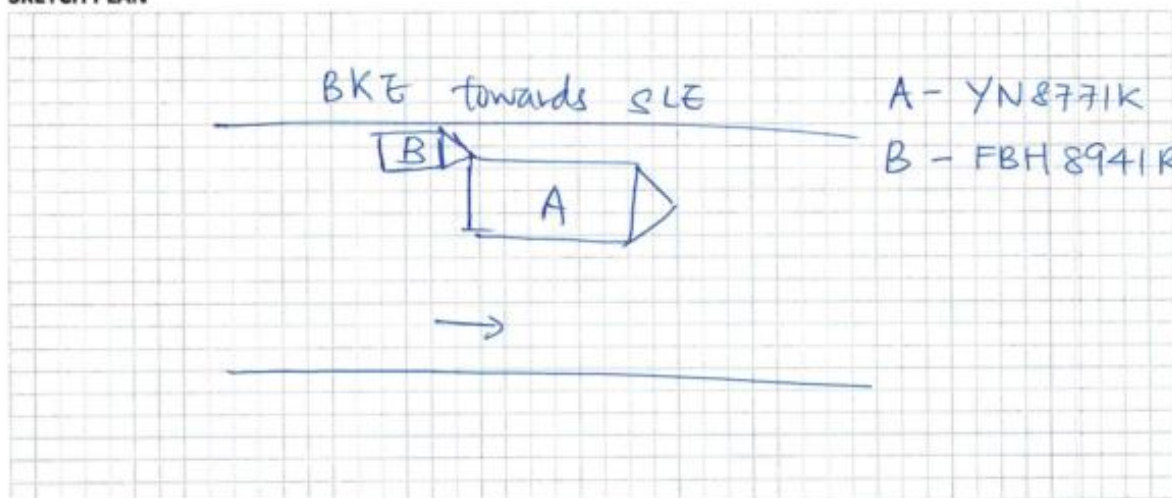
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report : T/20180320/2115.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T20180320/2115

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-118  
SINGAPORE 100055  
Tel No: 1800-2729898

1 of 3

Report No. T20180320/2115

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2018 16:56			Vide Report No.:		Station Diary No.: 30
<b>Informant's Particulars</b>					
Name of Informant: SOH KIM SENG			Address: APT BLK 117 PENDING ROAD #01-214 SINGAPORE 670117		
ID Type / ID No.: FIN NO / F02559530			Contact No.: Home/Office: Mobile: 97991438		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 24/10/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Senior Project Supervisor			Driving Licence Information: Class: Date of Expiry:		

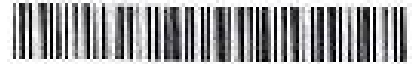
<b>General Information of the Accident</b>				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 19/03/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Going towards SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8941R	Motorcycle	KAWASAKI	Z1000SX M	Green	Slightly Damaged	0
YN8771K	Lorry	mitsubishi	CANTER FE821ER4S QEB (CBU)	White	Slightly Damaged	2

## Police Report



**SINGAPORE  
POLICE FORCE**



7/20180320/2115

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-118  
SINGAPORE 100055  
Tel No: 1900-2728989

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Report No: 1/20180320/2115

### CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date, time and place, I was traveling along BKE towards SLE on Lane 2 when I heard a sound coming from the back of my lorry. Then I look at the side mirror and my blindspot and spotted an motorcycle falling on the side. Due to the traffic, I could not stop immediately but filtered to the side afterwards to stop. Upon exiting the vehicle, I realized that the left rear of my lorry have suffered some scratches. The motorcyclist suffered a injury on the right arm and his motorcycle also suffered a scratch on the right side of the vehicle. There was no injury sustained on me and my 02 passengers who were on the lorry with me.

I wish to state that I am unaware of the motorcyclist and I was driving straight at that point in time. I wish to state that this report is made for insurance claim purpose.

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-118  
SINGAPORE 102055  
Tel No: 1800 2728989



T:20180320/2115

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Report No. 1/20180320/2115

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:  
D/  
Sgt 2 DANIEL HO WEI CONG

Signature Of Interpreter:  
Not applicable

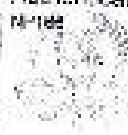
Officer In Charge Of Case:  
TP / AET /  
SIANG YI TING, STEPHANIE  
Contact No. 85476414

Signature Of Informant:

Date/Time:  
20/03/2018 15:55

Classification Of Case:

Authentication Stamp  
Name





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

